

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

of

Complete if Known

Application Number

10/697,393 343

Filing Date

10/30/2003

First Named Inventor

THOMAS H. WILLIAMS

Art Unit

2611

Examiner Name

JEAN B. CORRIELUS

Attorney Docket Number

NON PATENT LITERATURE DOCUMENTS

[illegible]

**Examiner
Signature**

Date
Considered

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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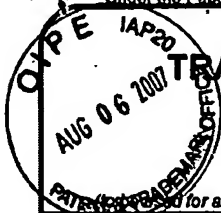
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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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TRANSMITTAL FORM

Application Number	10/697,343
Filing Date	10/30/2003
First Named Inventor	THOMAS H. WILLIAMS
Art Unit	2611
Examiner Name	JEAN B. CORRIELUS
Attorney Docket Number	

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	Thomas H. Williams		
Printed name	THOMAS H. WILLIAMS		
Date	AUG. 2, 2007	Reg. No.	

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Signature	Thomas H. Williams		
Typed or printed name	THOMAS H. WILLIAMS	Date	8-2-07

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